

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER C.A. No. 00-1110
DEFENDANT REAL PROPERTY KNOW AND NUMBERED AS 206 ROUTE 711 NORTH, LIGONIER, PA <i>15658</i>		TYPE OF PROCESS DISPOSITION
<b>SERVE</b> ➡ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SEE BELOW	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  MARY MCKEEN HOUGHTON ASSISTANT UNITED STATES ATTORNEY 633 U.S. POST OFFICE & COURTHOUSE PITTSBURGH, PA 15219	Number of process to be served with this Form - 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Instructions on Attachement "A"

Asset ID #00-FBI-004713

Signature of Attorney or other Originator requesting service on behalf of: <i>Mary McKen Houghton</i> MARY MCKEEN HOUGHTON, Asst. U.S. Attorney/rjt	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 412-644-6750	DATE 11/16/01
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode Date of Service <i>12-17-01</i> Time <i>15:00</i> am <i>Served</i> <i>12-18-01</i> <i>15:00</i> pm Signature of U.S. Marshal or Deputy <i>James W. Bland</i>
Address (complete only if different than shown above)	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

*Sok 12/10/01*  
*Commonwealth of Pennsylvania*  
*for \$223,000.00*